

## YOUTH OPPORTUNITIES PROGRAM PROJECT EXTENSION REQUEST

To request an extension of your Youth Opportunities Program (YOP) project, fill out the information below and mail to YOP, P.O. Box 118, Jefferson City, MO 65109. You will receive confirmation from YOP in writing regarding the approval or denial of your request. All extension requests must be submitted to the Jefferson City office no later than 60 days prior to the end of the project fundraising period to be considered. All extensions are for one year only and will begin the day after your current project fundraising period ends (i.e. July 1 – June 30).

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OR	GANIZATION NAME NAP PROJECT NUMBER			
	USE ADDITIONAL PAGES IF NECESSARY.			
1.	In a brief paragraph, explain why your organization has been unable to successfully achieve stated performance targets and/or utilize all awarded tax credits during the approved project fundraising period (you may wish to review Appendix A of your Project Agreement).			
2.	If your project is extended, what will you do differently that will enable your organization to use remaining tax credits?  REMEMBER TO COMPLETE THE OTHER SIDE.			

3.	Identify your project's performance targets for the extension period and indicate any proscope or direction of your project (you may wish to review Appendix A of your Project Appendix Appendix A of your Project Appendix A of your Project Appendix	roposed changes in the Agreement).
4.	Identify your project's milestones for each quarter for the extension period. Milestones your organization will take during the extension period that will enable you to achieve t detailed in question 3.	are those critical steps that he performance targets
PR	OJECT DIRECTOR SIGNATURE	
PR	OJECT DIRECTOR NAME PRINTED OR TYPED	DATE
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